

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/17/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>292506</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/04/2008</b>	
NAME OF PROVIDER OR SUPPLIER  <b>FRESENIUS MEDICAL CARE - NORTHWEST LAS VEGAS</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3150 NO TENAYA WAY #110 LAS VEGAS, NV 89129</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
V 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as the result of an Medicare recertification survey conducted at your facility on 12/4/08.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigation, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The total census was 95.</p> <p>10 clinical records were reviewed.</p> <p>5 patients were interviewed.</p> <p>The following regulatory deficiencies were identified.</p>			V 000			
V 466	<p>494.70(a)(15) PATIENTS' RIGHTS</p> <p>[The patient has the right to-] (15) Be informed of external grievance mechanisms and processes, including how to contact the ESRD Network and the State survey agency;</p> <p>This STANDARD is not met as evidenced by: Based on interview, the facility failed to ensure the patients were informed of external grievance mechanisms and processes, including how to contact the ESRD Network for 3 of 5 patients interviewed.</p> <p>Findings include:</p>			V 466			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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V 466	Continued From page 1 On 12/3/08 and 12/4/08, confidential interviews were conducted with patients who received dialysis treatment. There were three patients who were not aware of the external grievance mechanism and processes to contact the ESRD (End Stage Renal Disease) Network.	V 466			
V 715	494.150(c)(2)(i) POLICIES AND PROCEDURES  The medical director must- (2) Ensure that- (i) All policies and procedures relative to patient admissions, patient care, infection control, and safety are adhered to by all individuals who treat patients in the facility, including attending physicians and nonphysician providers;  This STANDARD is not met as evidenced by: Based on patient record review and review of facility policies, the facility failed to provide patient care in accordance with physician's orders for 4 of 10 sampled patients.  Findings Include:  Patient #2 had a physician's order for Heparin administration as follows: Heparin, Bolus: 8000 units, then maintenance dose (500 units per hour for 240 minutes = 2000 units) for a total heparin dose during treatment of 10,000 units. The treatment record for 11/24/08 indicated that the 8000 unit bolus was given and then the patient received 4000 additional units during treatment for a total of 12,000 units.  Patient #3 had a physician's order for Heparin administration as follows: Heparin, Bolus: 2000 units, then maintenance dose (1000 units per hour for 180 minutes = 3000	V 715			

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V 715	<p>Continued From page 2</p> <p>units) for a total heparin dose during treatment of 5000 units. The treatment record for 11/29/08 indicated that the 2000 unit bolus was given and then the patient received 3500 additional units during treatment for a total of 5500 units.</p> <p>Patient #10 had a physician's order for Heparin administration as follows: Heparin Bolus: 1000 units, then maintenance dose (1000 units per hour for 210 minutes = 3500 units) for a total heparin dose during treatment of 4500 units. The Treatment Flowsheet, dated 11/28/08 indicate the bolus was given and then patient received 2,600 units of Heparin during treatment for a total of only 3,600 units.</p> <p>Patient #6 had a physician's order for dialysis treatment three times a week. The patient's medication list included: Plendil 10 mg. (milligrams) by mouth daily. On 11/14/08, the Treatment Flowsheet indicated the patient's blood pressure (BP) during the treatment at the following values: BP 182/124, 198/104, 123.70, 178.100, 174/99, 165/100, 156/98, and 179/99. At the end of treatment the blood pressure was 190/100. There was no documented evidence to verify the patient care technician reported the high blood pressure results to the clinical manager. At the end, of the treatment the skilled nurse documented the patient did not take his blood pressure medication today. There was no documented evidence to ensure the skilled nurse contacted the physician regarding the high blood pressures during dialysis treatment.</p> <p>On 11/17/08, the Treatment Flowsheet indicated the patient's blood pressure during the treatment at the following values: BP 123/75, 185/115, 182/106, 188/112, 168/112. 182/118, 179/101,</p>	V 715			

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V 715	Continued From page 3 189/100. At the end of treatment the blood pressure was 190/116. There was no documented evidence to verify the patient care technician reported the high blood pressure results to the clinical manager.	V 715			